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CONFIRMATION NO. 4027

<b>SERIAL NUMBER</b> 10/797,164	<b>FILING OR 371(c) DATE</b> 03/09/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1634	<b>ATTORNEY DOCKET NO.</b> 56548-015
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**APPLICANTS**

Dale R. Pfost, Pennington, NJ;

**\*\* CONTINUING DATA \*\*\*\*\***

*CR* This application is a DIV of 10/034,882 12/27/2001 which is a DIV of 09/724,764 11/28/2000 ABN  
 which claims benefit of 60/167,931 11/29/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*None/CR*  
**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 05/29/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Carle Myers</i> Examiner's Signature			

**ADDRESS**

23397

**TITLE**

Methods of identifying optimal drug combinations and compositions thereof

<b>FILING FEE RECEIVED</b> 1516	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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